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## REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number	09/833,531					
Filing Date	April 11, 2001					
First Named Inventor	OLESINSKI, Wlodek					
Art Unit	2661					
Examiner Name	N/A					
Attorney Docket	123081-339613 (T01215-0073-US)					

A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number:  27155  Please change the correspondence address for the above-Identified application to:  The address associated with  27155  OR  Firm or Customer Number:  Part Address  Box 48, Toroute Deminion Bank Tower  Address  Suite 4700, 66 Wellington Street West  City  Toroute  Country  Counds  I am the:  Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  James  James  Telephone  Li 3.78 4 6 202  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature be required, see below.									
OR  I hereby appoint the practitioners associated with the Customer Number:  I hereby appoint the practitioners associated with the Customer Number:  I hereby appoint the practitioners associated with 27155  The address associated with 27155  OR  White Address associated with 27155  OR  McCareby Tétrault LLP, Atta: Alfred A. Macchione (Reg. No. 40,333)  Address Box 48, Toronto Dominion Bank Tower  Address Suite 4700, 66 Wellington Street West  City Toronto  Country Cenada State Ontario ZIP M5K 1E6  Telephone 416-362-1812 Fax 416-868-0673  I am the:  Applicant/Inventor  Applicant/Inventor  Signature Applicant or Assignee of Record  Name James Applicant or Assignee of Record  Name James Applicant or Assignee of Record  Norte: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I hereby revoke all previous powers of attorney given in the above-identified application:								
I hereby appoint the practitioners associated with the Customer Number: 27155   Please change the correspondence address for the above-identified application to:   The address associated with		mey is submitted herewi	<b>th.</b>						
The address associated with Customer Number:    Time or Individual Name   McCarthy Tétrault LLP, Atta: Alfred A. Macchione (Reg. No. 40,333)	OR								
The address associated with Customer Number:    Time or Individual Name   McCarthy Tétrault LLP, Atta: Alfred A. Macchione (Reg. No. 40,333)	[7] Please change the correspondence address for the above-identified application to:								
Address Box 48, Toronto Dominion Bank Tower  Address Suite 4700, 66 Wellington Street West  City Toronto  Cenada State Ontario ZIP M5K 1E6  Telephone 416-362-1812 Fax 416-868-0673  I am the:  Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name James Marty  Signature  Date April 9 10 5 Telephone 6/3 · 78 4 · 6 ZOZ  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	The address Custome								
Address  City  Toronto  Country  Cenads  State  Ontario  ZIP  MSK 1E6  Telephone  416-362-1812  Fax  416-868-0673  Telephone  Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  James  April 9 10 5  Telephone  6/3 - 78 4 6 20 2  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Firm or Individual Name	McCarthy Tétrault LLP, Attn: Alfred A. Macchione (Reg. No. 40,333)							
Country  Canada  State  Ontario  ZIP  M5K 1E6  Telephone  416-362-1812  Fax  416-968-0673  I am the:  Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  James  James  Telephone  Li 3 - 78 4 - 6 20 2  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address	Box 48, Toronto Dominion Bank Tower							
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Jam the:   Applicant/Inventor	Country	Cenada		State	Ontario	ZIP	M5K 1E6		
Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  James Matty  Signature  Date April 8 10 5  Telephone 6/3 - 78 4 6 20 2  NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Telephone	416-362-1812	Fax 416-868-0673						
Name  James Watt  Signature  Date  Abril 9 10 5  Telephone 613 · 78 4 · 6 ZDZ  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)								
Signature  Date  April 9 10 5  Telephone 6/3 · 78 4 · 6/202  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit mulliple forms if more than one signature is required, see below.	SIGNATURE of Applicant or Assignee of Record								
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	NOTE: Signatures of all the inventors or assignees of record of the entire interest or thair representative(a) are required. Submitted forms if more than one signature is required, see below.								
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This obsection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the ensure of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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## STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: OLESINSKI, Wlodek et al. Filed/Issue Date: April 11, 2001 Application No./Patent No.: 09/833,531 Entitled: METHOD AND APPARATUS FOR PROCESSING REQUESTS FOR STATISTICS IN A COMMUNICATION NETWORK a Corporation Alcatel Canada Inc. (Type of Assignop, e.g., corporation, pertnership, university, government agency, etc.) (Name of Assignos) states that it is: 1. The assignee of the entire right, title, and interest; or an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is in the patent application/patent identified above by virtue of either: A. [/] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel <u>612013</u> . Frame <u>0907</u> , or for which a copy thereof is attached. B. ( ) A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below; To: The document was recorded in the United States Patent and Trademark Office at , or for which a copy thereof is attached. \_ Frame \_ To: 2. From: The document was recorded in the United States Patent and Trademark Office at \_\_\_ or for which a copy thereof is attached. To: From: The document was recorded in the United States Patent and Trademark Office at Frame \_\_\_\_\_\_ or for which a copy thereof is attached. [ ] Additional documents in the chain of title are listed on a supplemental sheet. [ ] Copies of essignments or other documents in the chain of little are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document (s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] is authorized to act on behalf of the assignee The undersigned (whose title is supplied below) 613.784.6202 Telephone number Printed or Typed Name IPD D. VISION C 00 Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form order augments of the option of Comments. P.O. Box 1450, Inc. 122 and 122 and 123 and 123